

SFW



In re Application of:

JUNKO SATO, et al.

Application No.: 10/734,262

Filed: December 15, 2003

For: DOCUMENT PROCESSING METHOD, PROGRAM
AND APPARATUS FOR PROCESSING A DOCUMENT
FILE IN PAGES (As Amended 10/16/2006)

Docket No.

00862.023372.

Examiner: S. Pannala

Group Art Unit: 2164

Date: November 26, 2007

Mail Stop Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15	MINUS	20	= 0	x \$25 \$50	\$.00
INDEP. CLAIMS	3	MINUS	3	= 0	x \$105 \$210	\$.00
Fee for Multiple Dependent claims \$185°/\$370						\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first-class mail in an envelope addressed
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on:

November 26, 2007
(Date of Deposit)

Michael K. O'Neill, Reg. No. 32,622
(Name of Attorney for Applicants)

Signature Date of Signature November 26, 2007

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☒ A check in the amount of \$ 120.00 to cover the fee for a One month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Michael K. O'Neill
Attorney for Applicants
Registration No.: 32,622

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